OTPE 4005

PTO/SB/17 (12-04v2) Approved for use through 7/31/2006. OMB 0651-0032

Linder the Pa	perwork Reduction Act o	of 1995, no nerson arr	e required to			mark Office; U.S. DE		
Officer and a			s required to .	espond to a com-		mplete if Know		3 CONTROL
Fees pursuant to	Effective on 12/08 the Consolidated Appro		H.R. 4818).	Application N		10/657,420-Cd		9
FEE TRANSMITTAL					September 8,	tember 8, 2003		
	-			First Named	Inventor	Jose E. Lizard	i	
	For FY 2	005		Examiner Nar	me	M. G. Mendoz	.a	
Applican	t claims small entity sta	atus. See 37 CFR 1	1.27	Art Unit		3731		
TOTAL AMOU	NT OF PAYMENT	(\$) 180.0	00	Attorney Dock	ket No.	022956-0238		
METHOD OF	PAYMENT (chec	k all that apply)						
x Check	Credit Card	Money Order	Non	ne Oth	ner (please ide	ntify):		
Deposit Ac	count Deposit Accoun	 nt Number: 141449		ount Name:	Nutte	er McClennen &	k Fish LLF	>
	above-identified dep	•	_		rized to: (chr	eck all that apply))	
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	e(s) under 37 CFR	1.16 and 1.17				<u> </u>		
FEE CALCUI								
1. BASIC FILIN	G, SEARCH, AND I	EXAMINATION F FILING FEES	_	ARCH FEES	EΥΔΜΙ	INATION FEES	,	
		Small Entity		Small Entit		Small Entity	*	
Application T		(\$) <u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fees</u>	Paid (\$)
Utility	300		500	250	200	100		
Design	200	0 100	100	50	130	65		
Plant	200	0 100	300	150	160	80		
Reissue	300	0 150	500	250	600	300		
Provisional	200	0 100	0	0	0	0		
2. EXCESS CLA	AIM FEES	•						Small Entity
Fee Description							Fee (\$)	Fee (\$)
	r 20 (including Reis	•					50	25
-	ent claim over 3 (inc	cluding Reissues))				200	100
Multiple depend	dent claims						360	180
<u>Total Claims</u>	Extra Claims	Fee (\$)	Fee F	Paid (\$)	!	Multiple Depend	ent Claim	<u>s</u>
	- 20 =	x =			E	Fee (\$)	Fee Paid (<u>(\$)</u>
Indep. Claims	Extra Claims	Fee (\$)	Fee F	Paid (\$)	-			
	- 3 =	x =						
3. APPLICATIO		 _						
If the specifica	ation and drawings	exceed 100 sheet	s of paper	(excluding ele	ctronically f	filed sequence or	computer	
listings und	ler 37 CFR 1.52(e)) action thereof. See	, the application s	size fee du	e is \$250 (\$12	!5 for small (entity) for each a	dditional 5	50
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<u>Total Sheet</u>				dditional 50 or 1			<u> 168</u>	Paid (\$)
4. OTHER FEE	100 =	/50		(round up to a v	whole number) ×	=	- 0-14 (6)
`	(S) Specification, \$1:	30 fee (no small :	entity disc	ount)			<u> </u>	s Paid (\$)
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SUBMITTED BY	1 1			Registration No.	24.056			
Signature	Wo			(Attorney/Agent)	31,359	Telephone	<u>-</u>	39-2770
Name (Print/Type)	William C. Gean	y III				Date	October :	25, 2005

an envelope addressed to: MS Amendi	Fee Transmittal is being deposited with the U.S. Postal Service nent, Commissioner for Patents, P.O. Box 1450	
shown below. Dated: October 25, 2005	Signature:	(William C. Geary III)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)

: Jose E. Lizardi

Application No. : 10/657,420 – Conf. #9019

Filed

: September 8, 2003

Entitled

: KNOTLESS BIOABSORBABLE

SUTURE ANCHOR SYSTEM

AND METHOD

Docket No.

: 22956-238

Group Art Unit: 3731

Examiner: M.G. Mendoza

Certificate of Mailing (37 C.F.R. 1.8(a))

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail, in an envelop addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date set forth below.

October 25, 2005

By:

Date of Signature and Mail Deposit

William C. Geary III, Reg. No: 31,359

Attorney for Applicant(s)

MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Dear Sir:

Pursuant to 37 CFR §§ 1.56, 1.97 and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached PTO/SB/08 (3 pages). It is respectfully requested that the information be expressly considered during the prosecution of this application, and that the references be made of record therein and appear among the "References Cited" on any patent to issue therefrom.

Copies of foreign and non-patent references have been provided.

In accordance with 37 CFR § 1.97(g), the filing of this Information Disclosure Statement shall not be construed to mean that a search has been made or that no other material information as defined in 37 CFR § 1.56(a) exists, and in accordance with 37 CFR § 1.97(h), the filing of this

Information Disclosure statement shall not be construed to be an admission that any patent,

10/28/2005 YPOLITE1 00000007 10657420

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Application No.: 10/657,420 Filing Date: September 8, 2003 Atty. Docket No.: 22956-238

publication or other information referred to therein is "prior art" for this invention unless specifically designated as such.

This Information Disclosure Statement is filed before the mailing of a Notice of Allowance as far as is known to the undersigned, and a fee in accordance with 37 C.F.R. § 1.17(p) is enclosed (37 CFR § 1.97(c)). The Director is hereby authorized to charge any deficiency in the fees filed to our Deposit Account No. 141449, under Order No. 22956-238.

Respectfully submitted,

Date: October 25, 2005

William C. Geary III, Reg. No. 31,359

Attorney for Applicant(s)

Nutter, McClennen & Fish, LLP World Trade Center West 155 Seaport Boulevard Boston, MA 02210

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PTO/SB/08a/b (08-03)
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Substitute for form 1449A/B/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

3 Sheet 1 of

Complete if Known				
Application Number	10/657,420-Conf. #9019			
Filing Date	September 8, 2003			
First Named Inventor	Jose E. Lizardi			
Art Unit	3761			
Examiner Name	M. G. Mendoza			
Attorney Docket Number	022956-0238			

xaminer nitials*	Cite No.1	Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, When Relevant Passages or Relevar Figures Appear
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Sub	Substitute for form 1449A/B/PTO			Complete if Known		
		-		Application Number	10/657,420-Conf. #9019	
IN	IFORMATION	N DIS	SCLOSURE	Filing Date	September 8, 2003	
S	TATEMENT	BY A	PPLICANT	First Named Inventor	Jose E. Lizardi	
				Art Unit	3761	
	(Use as many sh	neets as	necessary)	Examiner Name	M. G. Mendoza	
Sheet	2	of	3	Attorney Docket Number	022956-0238	

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